

**COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY**
(includes reference to PCT International Applications)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATED MEDICAL DIAGNOSIS REPORTING SYSTEM the specification of which

(XX) is attached hereto.

() was filed on _____ as
Application Serial No. _____
and was amended on _____.

(if applicable)

() was filed as PCT International Application
No. _____ on _____ and was
amended under PCT Article 19 on _____.

(If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America having a filing date before that of the application on which priority is claimed:

Prior Foreign/PCT Application(s)
(if PCT, indicate "PCT" under Country)

Priority Claimed

Number	Country	Day/Month/Year Filed	()	()
			Yes	No
			()	()
Number	Country	Day/Month/Year Filed	Yes	No

I hereby claim the benefit under Title 35, United States Code Section 120 and/or 119 of any United States application(s) or PCT International Application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior application(s) in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulation, Section 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Application Serial No.

or PCT Application No. U.S. or PCT Status -- Patented

(and any assigned USSN) Filing Date Pending, or Abandoned

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

DR. JENNINGS PRESSLY

(Full name of sole or first inventor)

Inventor's Signature

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Second Inventor's Signature

Date

Residence:

Citizenship:

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(Full name of third joint inventor, if any)

Third Inventor's Signature

Date

Residence:

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NOTE: For Additional Inventors, check ☐ and attach sheet with same information and signature and date for each.

Applicant/Patentee: Dr. Jennings Pressly
Serial/Patent No.: Not yet assigned Docket No.: PJZ-1

Filed/Issued: Herewith

For: AUTOMATED MEDICAL DIAGNOSIS REPORTING SYSTEM

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(b) - INDEPENDENT INVENTOR**

As below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(f) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled AUTOMATED MEDICAL DIAGNOSIS REPORTING SYSTEM described in

- ☒ the specification filed herewith.
☐ application serial no. _____, filed _____.
☐ patent no. _____, issued _____.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization.
☐ persons, concerns, or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Dr. Jennings Pressly

Name of Inventor _____ Name of Inventor _____

Jennings Pressly

Signature of Inventor _____ Signature of Inventor _____ Signature of Inventor _____

November 29, 2000

Date _____ Date _____ Date _____